Docket No. <u>20002.120</u>
name .
pelow) or an original, first and joint and for which a patent is sought on the
hich
No. pplicable).
ied specification, including the claims.
of this application in accordance with
of any foreign application(s) for patent tion for patent or inventor's certificate
Priority Claimed
ear Filed) Yes No
ear Filed) Yes No
States application(s) listed below and. disclosed in the prior United States es Code. §112. I acknowledge the duty to56(a) which occurred between the filing this application:
tatus - patented, pending, abandoned)
tatus - patented, pending, abandoned)
tion and to transact all business in the
Reg. No. 22,197
s & Outland, P.C. 5-1500
that all statements made on information with the knowledge that willful false or Section 1001 of Title 18 of the United the application or any patent issued
Date 2-19-04 X
enship <u>United States of America</u>

DECLARATION FOR PATENT APPLICATION

As a below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my n I believe I am the original, first and sole inventor (if only one name is listed b inventor (if plural names are listed below) of the subject matter which is claimed invention entitled PATIENT MEDICAL TUBING AND CATHETER ANCHOR AND SUPPORT the specification of w [X] is attached hereto.
[] was filed on _____
and was amended on ___ (check one) : as Application Serial ${\bf I}$ hereby state that ${\bf I}$ have reviewed and understand the contents of the above identif as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination Title 37. Code of Federal Regulations, \$1.56(a). I hereby claim foreign priority benefits under Title 35. United States Code. §119 o or inventor's certificate listed below and also identified below any foreign applicat having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s): (Country) (Number) (Day/Month/Y (Number) (Country) (Day/Month/Y I hereby claim the benefit under Title 35. United States Code. §120 of any United Sinsofar as the subject matter of each of the claims of this application is not application in the manner provided by the first paragraph of Title 35. United State disclose material information as defined in Title 37. Code of Federal Regulations. §1 date of the prior application and the national or PCT international filing date of (Application Serial No.) (Filing Date) (Application Serial No.) (Filing Date) I hereby appoint the following attorney(s) and/or agent(s) to prosecute this applica Patent and Trademark Office connected therewith: Christopher J. Fildes, Reg. No. 32,132; Robert J. Outland, Jeremy J. Gajewski No. 52,930 Address all correspondence and telephone calls to <u>Christopher J. Fildes. Fildes</u>

20916 Mack Avenue, Suite 2, Grosse Pointe Woods, Michigan 48236 - (313) 883

I hereby declare that all statements made herein of my own knowledge are true and it and belief are believed to be true: and further that these statements were made of the like of made are punishable by fine an investment, and both my declared to the like of made are punishable by fine an investment, and both my declared to the like of made are punishable by fine an investment of both my declared to the like of made are punishable by fine an investment of both my declared to the like of made are punishable by fine an investment of the like of made are punishable by fine an investment of the like of made are punishable by fine and the like of statements and the like so made are punishable by fine or imprisonment, or both, unde States Code and that such willful false statements may jeopardize the validity of Full name of sole or first inventor __Jerry H. Roberts Post Office Address __Same as residence Citiz Residence 1626 Pebblestone Drive, Okemos, MI 48864 Full name of second joint inventor, if any Zame D. Myers Inventor's signature ____ Date _ Post Office Address _____ Citizenship _____ United States of America Same as residence Residence 14225 227th Avenue NE, Woodinville, WA 98072 Full name of third joint inventor, if any ___ Inventor's signature _ Post Office Address <u>Same as residence</u> Citizenship Residence _